

## **Application Data Sheet**

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### **Application Information**

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|-----------------------------------|--|
| Application Type::                | Regular                                  |
| Subject Matter::                  | Utility                                  |
| Suggested Classification::        | 128/200                                  |
| Suggested Group Art Unit::        | 3600                                     |
| CD-ROM or CD-R::                  | None                                     |
| Title::                           | Patient Interface and Headgear Connector |
| Attorney Docket Number::          | 01-18                                    |
| Request for Early Publication?::  | No                                       |
| Request for Non-Publication?::    | No                                       |
| Suggested Drawing Figure::        | 1  |
| Total Drawing Sheets::            | 8  |
| Small Entity?::                   | No                                       |
| Petition included?::              | No                                       |
| Secrecy Order in Parent Appln.?:: | No                                       |

### **Applicant Information**

|   |                       |
|---|-----------------------|
| Applicant Authority Type::              | Inventor              |
| Primary Citizenship Country::           | US                    |
| Status::                                | Full Capacity         |
| Given Name::                            | Jason                 |
| Middle Name::                           | P                     |
| Family Name::                           | Eaton                 |
| City of Residence::                     | Monroeville           |
| State or Province of Residence::        | Pennsylvania          |
| Country of Residence::                  | US                    |
| Street of mailing address::             | 222 Elliott Road      |
| City of mailing address::               | Monroeville           |
| State or Province of mailing address::  | Pennsylvania          |
| Country of mailing address::            | US                    |
| Postal or Zip Code of mailing address:: | 15146                 |
| Applicant Authority Type::              | Inventor              |
| Primary Citizenship Country::           | US                    |
| Status::                                | Full Capacity         |
| Given Name::                            | Peter                 |
| Family Name::                           | Ho                    |
| City of Residence::                     | Pittsburgh            |
| State or Province of Residence::        | Pennsylvania          |
| Country of Residence::                  | US                    |
| Street of mailing address::             | 2227 Chapparral Drive |

City of mailing address:: Pittsburgh  
 State or Province of mailing address:: Pennsylvania  
 Country of mailing address:: US  
 Postal or Zip Code of mailing address:: 15239  
  
 Applicant Authority Type:: Inventor  
 Primary Citizenship Country:: US  
 Status:: Full Capacity  
 Given Name:: Elias  
 Middle Name:: G  
 Family Name:: Diacopoulos  
 City of Residence:: Export  
 State or Province of Residence:: Pennsylvania  
 Country of Residence:: US  
 Street of mailing address:: 286 Jefferson Street  
 City of mailing address:: Export  
 State or Province of mailing address:: Pennsylvania  
 Country of mailing address:: US  
 Postal or Zip Code of mailing address:: 15632

#### **Correspondence Information**

Correspondence Customer Number:: 30031

#### **Representative Information**

Representative Customer Number:: 30031

#### **Domestic Priority Information**

|                  |                    |                      |                     |
|------------------|--------------------|----------------------|---------------------|
| Application::    | Continuity Type::  | Parent Application:: | Parent Filing Date: |
| This Application | Non-Provisional of | 60/402,335           | 08/09/02            |